

## Clinical Review Request

Primary Recovery Plus (PR+) (Including Enhanced PR+)

5-11-2005

**Instructions:** Complete the form electronically by filling in the blank or selecting the appropriate response from the drop down box. Print the completed form and fax to the clinical review unit at (573) 751-9296 immediately after submitting an electronic Service Plan. A complete ASI report must be available on the Outcomes Web or via fax. This information needs to be submitted only one time during a treatment episode.

|  |   |            |
|--|---|------------|
| Name of Client   | State I.D Number                            | Client Age |
| Name of Agency   | Date of Admission                           |            |
| Contact Person to answer Clinical Review Questions                                 |   | Title      |
| Telephone number   |   |            |
| What was the client's initial level of care?                                       | What is the client's current level of care? |            |
| Has the client received other Substance Abuse Treatment during the past two years? |   |            |
| If yes explain.  |   |            |

### For an extension of Detoxification Services complete the following:

Date Admitted to Detox.

Number of **additional days** of detoxification service requested

**Which of the following has the client experienced? Please check all that apply.**

- ☐ Extensive impairment or delay in stabilization of vital signs
- ☐ Co-occurring physical health problems
- ☐ Co-occurring mental health problems
- ☐ Other life crisis that affects physical and mental functioning
- ☐ Difficulty in performing daily tasks

**Other:** Explain

### For an Extension of Level (1) One Service Complete the Following:

Date Admitted to Level (1)

Does the client demonstrate motivation to achieve sobriety and recovery goals and a likelihood of further benefit if additional time is approved?

Number of additional days at level (1) one requested.

**Does the client require additional days of Residential Support?**

**If yes, how many?**

**Which of the following has the client experienced?**

- ☐ The detoxification was more complicated or difficult than usual.
- ☐ The client was unusually resistant to treatment but has shown increased participation, motivation and progress.
- ☐ An episode of alcohol or drug use occurred during the course of treatment.
- ☐ Issues not initially identified surfaced and require additional time to address. (Explain below under "Other.")
- ☐ A co-occurring disorder or other medical issue required medication during level I treatment and additional time for stabilization is needed.

**Other:** Explain

### For additional Level II, Level III, or ATR support services please complete the following:

Additional dollars needed.

**Provide a brief explanation of why additional monies are needed.**

**Additionally, for ATR support services please list each service requested.**

